								Application or Docket Number					
PATENT APPLICATION FEE DETERMINATION RECORD Effective January 1, 2003 10/676,899												99	
CLAIMS AS FILED - PART I (Column 1) (Column 2)								SMALL ENTITY TYPE O			OTHER THAN OR SMALL ENTITY		
TOTAL CLAIMS			63					RATE	FEE		RATE	FEE	
FOR			NUMBER FILED		NUMBER EXTRA		8.	asic fee	375.00	OR	Basic FEE	750.00	
TOTAL CHARGEABLE CLAIMS			6 3 minus 20=		. 4	43		X\$ 9=	3817	OR	X\$18=		
INDEPENDENT CLAIMS			6 minus 3 = * 7			3	ı	X42= 126			X84=		
MU	LTIPLE DEPEN	DENT CLAIM P	RESENT				+140=		OR	+280=			
* If	the difference	in column 1 is	less than zero, enter "0" in column 2				Ļ	TOTAL	888	OR	TOTAL		
CLAIMS AS AMENDED - PART II									70.11		OTHER		
(Column 1) (Column 2) (Column 3) CLAIMS HIGHEST								SMALL	ENTITY	OR	SMALL		
ENT A		REMAINING AFTER AMENDMENT		NUM PREVIO PAID	BER	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
Ş	Total	• 63	Minus	** (03	£ ()		X\$ 9=		OR	X\$18=		
AMENDMENT	Independent	• 6	Minus	***	0	= 6		X42=		OR	X84=	•	
Ľ	FIRST PRESE	NTATION ÒF M	ULTIPLE DE	PENDEN	T CLAIM	للل		+140=		OR	+280=		
								TOTAL ODIT, FEE		OR	TOTAL ADDIT, FEE		
	(Column 1) (Column 2) (Column 3)									•	ADDII. 1 CL		
AMENDMENT B		CLAIMS REMAINING AFTER AMENDMENT		PREVI	HEST IBER OUSLY FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=		
AME	Independent	* CATION OF M	Minus	###	T () 4 11 1	-		X42=		OR	X84=		
L	THIST PHESE	NTATION OF M	OLI IPLE DE	PENDEN	CLAIM			+140=		OR			
							L	TOTAL		OR	TOTAL		
(Column 1) (Column 2) (Column 3)							AL	DOIT. FEE			ADDIT. FEE	-	
AMENDMENT C		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUM PREVI	HEST MBER OUSLY FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
N Q	Total	•	Minus	**		=		X\$ 9=		OR	X\$18=		
NA NA	Independent	•	Minus	***		=	-	X42=		1	X84=	 	
الا	FIRST PRESE	ENTATION OF M	ULTIPLE DE	PENDEN	T CLAIM					OR		-	
	If the entry in colu	ımn 1 is less than I	the entry in co	lumn 2. wrti	te "O" in co	dumn 3.	L	+140=		OR	+280=		
-	* If the entry in column 1 is less than the entry in column 2, write "0" in column 3. ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." **HI the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3." **OR ADDIT. FEE												
1	The Highest Nur	mber Previously Pa	aid For (Total	or Independ	dent) is the	a highest numbe	er foun	d in the at	propriate bo	ox in ca	olumn 1.		